

## CYBER SECURITY AND PRIVACY SUPPLEMENTAL QUESTIONNAIRE

**Applicant/Agency Name** (Named insured as it reads on policy):

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Current Operating Budget: \$ \_\_\_\_\_

### SECURITY AND PRIVACY

1. Do you and your subsidiaries comply with the requirements detailed in the statement of Fact below?  Yes  No
  - You have antivirus software installed and enabled on all desktops, laptops and servers (excluding database servers) and it is updated on a regular basis.
  - You have firewalls installed on all external gateways.
  - You take regular back-ups (at least weekly) of all critical data and store the same off-site or in a fireproof safe, or your outsourced service provider meets this requirement.
  
2. If you store medical records or Protected Health Information (PHI), do you comply with the following?  Yes  No
  - You have conducted a review of the business to ensure compliance with all relevant HIPAA legislation.
  - You ensure that all PHI transmitted over open networks and/or stored on portable devices is encrypted.
  
3. Do you accept credit cards and if yes are you PCI compliant (Payment Card Industry, Data Security Standard)?  N/A  Yes  No
  
4. Has the Applicant, or any other person or entity proposed for this insurance, received any complaints or claims, or been the subject in litigation, involving matters of privacy injury, identity theft, denial or service attacks, computer virus infections, theft of information, damage to third party networks, or the ability of customers to rely on the Applicant's network?  Yes  No
  
5. Does the Applicant, or any other person or entity proposed for this insurance, have knowledge of any act, events, circumstances or incidents that may give rise to complaints or claims involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the ability of customers to rely on the Applicant's network?  Yes  No

Signed: \_\_\_\_\_ (Applicant)

Date: \_\_\_\_\_

Title: \_\_\_\_\_  
(Must be signed by authorized officer)